

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

IND NO. HT334470

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty; (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) SIERRA, GILDARDO		ADDRESS OF OCCURRENCE 6226 S WOLCOTT AVE	
STAR NO. 3656	POSITION POLICE OFFICER	CITY CHICAGO	STATE (If outside Chicago)
DATE OF APPOINTMENT 30-SEP-2002	EMPLOYEE NO. [REDACTED]	LOCATION CODE 303-SIDEWALK	BEAT OF OCCURRENCE 0714
UNIT OF ASSIGNMENT 007	BEAT/CALL NO. 0714R	DATE OF OCCURRENCE 07-JUN-2011	TIME 01:48:00
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE HISPANIC	DAY OF WEEK TUESDAY	NO. OF OFFICERS BATTERED 1
HEIGHT 600	WEIGHT 230	WERE THERE ASSISTING UNITS ON SCENE? 1. <input type="checkbox"/> YES 2. <input checked="" type="checkbox"/> NO	
IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? 0			
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED			
<input checked="" type="checkbox"/> 1. ON DUTY <ul style="list-style-type: none"> <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY <p>Describe _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ 		WORKING: <ul style="list-style-type: none"> <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS <p>How many? _____</p> PATROL TYPE: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APVMOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____ 	
<input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER		MANNER OF ATTACK	
<ul style="list-style-type: none"> <input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS) 			
TYPE OF WEAPON/THREAT			
<input type="checkbox"/> A. FIREARM CALIBER		D. HANDS/FISTS <ul style="list-style-type: none"> <input type="checkbox"/> E. FEET 	
<ul style="list-style-type: none"> <input type="checkbox"/> 1. REVOLVER <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN 		F. MOUTH (SPIT, BITE, ETC.) <ul style="list-style-type: none"> <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input checked="" type="checkbox"/> H. OTHER (SPECIFY) _____ 	
<input type="checkbox"/> B. VEHICLE		I. POINTED APPARENT FIREARM WHILE CHARGING TOWARDS R/O	
<ul style="list-style-type: none"> <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE 		J. BLUNT INSTRUMENT	
FIREARM USE INFORMATION (Check all that apply):			
<ul style="list-style-type: none"> <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON 		K. OFFENDER INFORMATION	
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE BLACK	DOB [REDACTED]	CB NO. _____ IR NO. _____
WAS THE OFFENDER'S ACTIVITY DRUG RELATED?			
<ul style="list-style-type: none"> <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN 			
GANG RELATED?			
<ul style="list-style-type: none"> <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN 			
NO. OF OFFENDERS PRESENT? 1 U#11-29			
TYPE OF INJURY TO OFFICER			
<ul style="list-style-type: none"> <input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE 			
LIGHTING CONDITIONS AT INCIDENT			
<ul style="list-style-type: none"> <input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> B. NIGHT <input type="checkbox"/> C. DAWN 		<ul style="list-style-type: none"> <input type="checkbox"/> D. DUSK <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT <ul style="list-style-type: none"> <input type="checkbox"/> 1. POOR <input type="checkbox"/> 2. GOOD 	
WEATHER CONDITIONS			
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> B. RAIN <input type="checkbox"/> C. SNOW 		<ul style="list-style-type: none"> <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> F. SEVERE CROSS WIND 	
APPROXIMATE OUTDOOR TEMPERATURE: Attachment # 8			

~~4/11/29~~

LOG # 104595

Attachment # 8

REPORTING MEMBER - SIGNATURE
SIERRA, GILDARDO

STAR NO.
3656

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.
LODDING, HOWARD W 302

CPD-11.451 (REV. 1/04)